

Date: [Insert Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: SECOND NOTICE - Past Due Premium for Policy #[Insert Policy Number]

Dear [Policyholder Name],

This is a second reminder that we have not yet received the premium payment for your life insurance policy. Our records indicate that your payment of \$[Insert Amount] was due on [Insert Due Date].

Your policy is currently in its grace period. It is important to note that if payment is not received by [Insert Grace Period Expiration Date], your coverage will lapse, and your policy will no longer provide financial protection for your beneficiaries.

Payment Details:

- **Policy Number:** [Insert Policy Number]
- **Amount Due:** \$[Insert Amount]
- **Final Due Date:** [Insert Grace Period Expiration Date]

If you have already mailed your payment, please disregard this notice. If you have not yet sent payment, please do so immediately via one of the following methods:

- **Online:** [Insert Website URL]
- **Phone:** [Insert Phone Number]
- **Mail:** [Insert Payment Address]

If you are experiencing financial hardship or have questions regarding your policy, please contact our customer service department at [Insert Phone Number] between [Insert Business Hours]. We value your business and want to ensure your coverage remains active.

Sincerely,

[Your Name/Department]

[Company Name]